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Bib Data Sheet

CONFIRMATION NO. 6404

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|---|---|-------------------------------|---|---------------------------------------|--------------------------------|
| SERIAL NUMBER 09/927,415 | FILING DATE 08/10/2001 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. IMM116B | |
| APPLICANTS Louis B. Rosenberg, San Jose, CA; ** CONTINUING DATA ***** <i>yes A.M.</i> THIS APPLN CLAIMS BENEFIT OF 60/224,584 08/11/2000 AND CLAIMS BENEFIT OF 60/231,844 09/11/2000 ** FOREIGN APPLICATIONS ***** <i>None A.M.</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/14/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Amme M. J. J.</i> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 3 | TOTAL CLAIMS 27 | INDEPENDENT CLAIMS 3 |
| ADDRESS Immersion Corp. # 022903 801 Fox Lane San Jose, CA 95131 | | | | | |
| TITLE Haptic sensations for tactile feedback interface devices | | | | | |
| FILING FEE RECEIVED 996 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |